

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE				
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1								51			
2								52			
3								53			
4								54			
5								55			
6								56			
7								57	/		
8								58			
9								59			
10								60			
11								61			
12								62			
13								63			
14								64			
15								65			
16								66			
17								67			
18								68			
19	/							69			
20	/							70			
21		/						71			
22		/						72			
23								73			
24								74			
25								75			
26								76			
27								77			
28								78			
29								79			
30								80			
31								81			
32								82			
33								83			
34								84			
35								85			
36								86			
37								87			
38	/							88			
39	/							89			
40								90			
41								91			
42								92			
43								93			
44								94			
45								95			
46								96			
47								97			
48								98			
49								99			
50								100			
TOTAL IND.								TOTAL IND.	6		
TOTAL DEP.								TOTAL DEP.	7		
TOTAL CLAIMS								TOTAL CLAIMS	77		